

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9975</u>	2 Fiscal Year Covered From <u>01</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Charles</u> <u>C</u> <u>DiPietro</u> P O Box Bldg Room No if any Street <u>46 Glandore Rd</u> City <u>Westwood</u> State <u>MA</u> ZIP Code + 4 <u>02090</u>	4 Name file number and address of labor organization Name <u>Engineers, Operating, AFL-CIO LU4</u> Labor Organization File Number <u>033-610</u> P O Box Building and Room Number if any Street <u>16 Trotter Dr</u> City <u>Medway</u> State <u>MA</u> ZIP Code + 4 <u>02053</u>
5 Position in labor organization <u>Financial Secretary</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Charles D. DiPietro</u>	On <u>8/11/2005</u> Date	<u>781-329-4446</u> Telephone Number

Name of Person Filing Charles C. DiPietro		File Number U											
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested													
8 Name and address of Business (including trade name if any) Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name if any Engineers Training Center P O Box Bldg Room No if any _____ Street 1 Engineers Way City Canton State MA ZIP Code + 4 02021		9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer											
10 If 9 b or 9 c is checked give trust or employer's name Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name if any Engineers Training Center P O Box Bldg Room No if any _____ Street 1 Engineers Way City Canton State MA ZIP Code + 4 02021		11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> IFEB Las Vegas Jan 10-15, 2004 </div>											
		11 b Approximate dollar value of such dealing 3723											
		12 a Nature of interest held or income received <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Air Fare</td> <td style="text-align: right; padding: 2px 5px;">338</td> </tr> <tr> <td style="padding: 2px 5px;">Hotel Bill</td> <td style="text-align: right; padding: 2px 5px;">632</td> </tr> <tr> <td style="padding: 2px 5px;">Registration</td> <td style="text-align: right; padding: 2px 5px;">855</td> </tr> <tr> <td style="padding: 2px 5px;">Daily Exp</td> <td style="text-align: right; padding: 2px 5px;">402</td> </tr> <tr> <td style="padding: 2px 5px;">Payroll</td> <td style="text-align: right; padding: 2px 5px;">1496</td> </tr> </table>		Air Fare	338	Hotel Bill	632	Registration	855	Daily Exp	402	Payroll	1496
Air Fare	338												
Hotel Bill	632												
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Daily Exp	402												
Payroll	1496												
		12 b Amount 3723											

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer _____ or Consultant _____ ?	14 b Amount of payment _____

Name of Person Filing

Charles C. DiPietro

File Number U

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8 Name and address of Business (including trade name if any)

Name **Hoisting & Portable Engineers,
Local 4 Apprentice & Training Program**
Trade Name if any **Engineers Training Center**

P O Box Bldg Room No if any

Street **1 Engineers Way**City **Canton**State **MA**ZIP Code + 4 **02021**

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **Hoisting & Portable Engineers,
Local 4 Apprentice & Training Program**
Trade Name if any **Engineers Training Center**

P O Box Bldg Room No if any

Street **1 Engineers Way**City **Canton**State **MA**ZIP Code + 4 **02021**

11 a Nature of such dealing

**Labor Management Construction Safety
Conference March 23-24, 2004**

11 b Approximate dollar value of such dealing

250

12 a Nature of interest held or income received

Registration Meeting**250**

12 b Amount

250

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant
(including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment

Name of Person Filing **Charles C DiPietro**

File Number U

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☐ a Labor Organization☒ b Trust☐ c Employer

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Name **Hoisting & Portable Engineers,
Local 4 Apprentice & Training Program**
Trade Name if any **Engineers Training Center**

P O Box Bldg Room No if any

Street **1 Engineers Way**City **Canton**State **MA**ZIP Code + 4 **02021**

11 a Nature of such dealing

**IUOE Training and Safety & Health
Conference April 17 - 23, 2004**

11 b Approximate dollar value of such dealing

2663

12 a Nature of interest held or income received

Air Fare	466
Hotel Bill	1484
Meeting Registration	250
Daily Expenses	463

12 b Amount

2663

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

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14 b Amount of payment

Name of Person Filing

Charles C. DiPietro

File Number U

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Name **Hoisting & Portable Engineers,
Local 4 Apprentice & Training Program**
Trade Name if any **Engineers Training Center**

P O Box Bldg Room No if any

Street **1 Engineers Way**City **Canton**State **MA**ZIP Code + 4 **02021**

11 a Nature of such dealing

**Trustee Meeting Canton, MA
May 25, 2004**

11 b Approximate dollar value of such dealing

276

12 a Nature of interest held or income received

**Trustee Meeting 276
Payroll**

12 b Amount

276

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment